



PATENT  
450,117-03683

1631

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : William FORD et al.

Serial No. : 10/008,179

For : **LINKER MOLECULES FOR SELECTIVE  
METALLISATION OF NUCLEIC ACIDS AND  
THEIR USES**

Filed : December 7, 2001

Examiner : Ardin H. Marschel

Art Unit : 1631

**RECEIVED**

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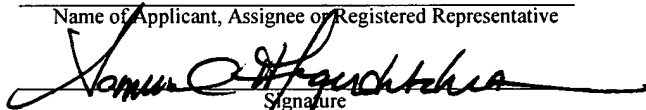
TECH CENTER 1600/2900

745 Fifth Avenue  
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop Non-Fee Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on November 12, 2003

Samuel H. Megerditchian, 45,678

Name of Applicant, Assignee or Registered Representative

  
Signature

November 12, 2003

Date of Signature

**AMENDMENT PURSUANT TO 37 C.F.R. §1.111**

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is responsive to the Office Action mailed on August 12, 2003. Any fee occasioned by this paper may be charged, or overpayment credited, to Deposit Account No. 50-0320.



PATENT  
450117-03683

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745 Fifth Avenue  
New York, NY 10151  
Tel: 212-588-0800

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.

**Claims as Amended**

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	11	Minus	30	0	\$18 (9)	\$0
Independent claims	1	Minus	3	0	\$86 (43)	\$0
Total additional fee for this amendment						\$0

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This response is being filed within the \_\_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ is attached, which covers the cost of ☐ additional claims \_\_\_\_\_ petition for extension of time.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Samuel H. Megerditchian, 45,678

Name of Applicant, Assignor or Registered Representative

  
Signature

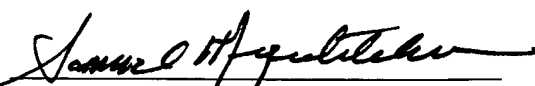
November 12, 2003

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

By:

  
Samuel H. Megerditchian  
Reg. No. 45,678  
Tel: 212-588-0800